



## **SOUTH DAKOTA BOARD OF NURSING**

SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115  
(605) 362-2760 □ FAX: 362-2768 □ [www.state.sd.us/doh/nursing](http://www.state.sd.us/doh/nursing)

September 29, 2011

Golden Living Center- Redfield  
Attn: Sandra Coover, RN  
1015 E. 3<sup>rd</sup> St.  
Redfield, SD 57469

Dear Sandra,

This letter acknowledges receipt and approval by the Board of Nursing of your application for re-approval of your Nurse Aide Training Program utilizing the American Red Cross Nurse Aide Training curriculum. Re-approval is valid through July 2013.

The following personnel have met the requirements pursuant to ARSD 44:04:18:10 to continue to coordinate and teach your Nurse Aide Training Program.

- Kalena Fast, RN – Program Coordinator
- Sandra Coover, RN – Primary Instructor

For future reference regarding the re-approval process or program curriculum and faculty changes please access the Board of Nursing website: [www.nursing.sd.gov](http://www.nursing.sd.gov).

Please contact me at the above number if you have any questions concerning this matter.

Sincerely,

Diane Josephson, RN, MA  
Nursing Program Specialist  
South Dakota Board of Nursing

RECEIVED

SEP 21 2011

12:04:05 p.m. 06-08-2009

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SD BOARD OF NURSING



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## APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVALPlease select: ☒ NURSING HOME BASED☒ REAPPROVAL☐ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

## INITIAL APPROVAL REQUIREMENTS

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours

## Course Syllabus:

- ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
- ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:

- Course overview
- Course objectives
- Content outline
- Skills training
- Teaching methodologies
- Methods of evaluation
- Environment for learning
- Student:Instructor ratio
- Names of required textbooks

## REAPPROVAL REQUIREMENTS

- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in Faculty, if any

## COMMENTS:

Changes

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Redfield Golden Living Center  
ADDRESS: 1015 Third Street East Redfield, SD 57469  
TEL: 605-472-2288 FAX: 605-472-3990 EMAIL:

NAME OF COURSE: American Red Cross NA Training

PROGRAM COORDINATOR & CREDENTIALS: Kalena East

- ☐ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☒ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: Sandra Cooper

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☒ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

SIGNATURE OF APPLICANT / TITLE Sandra K Cooper RN DATE September 9, 2011

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 9-21-11 DATE APPROVED: 9-29-11

DATE APPLICATION RETURNED: 9-29-11 DATE DENIED:

REASON FOR DENIAL:

EXPIRATION DATE OF APPROVAL: July 2013

BOARD REPRESENTATIVE: Alfred Josephson